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Supervisor Hilda L. Solis, First District  
Supervisor Mark Ridley-Thomas, Second District  
Supervisor Sheila Kuehl, Third District  
Supervisor Don Knabe, Fourth District  
Honorable Mayor, Michael D. Antonovich, Fifth District  
Yolanda Vera, Senior Deputy for Healthcare Services and Advocacy, Second District  
Sylvia Drew Ivie, Mental Health Deputy, Third District  
Elan Schultz, Health Deputy, Third District  
Richard Espinosa, Health Deputy, Fourth District  
Kathryn Barger, Chief of Staff, Fifth District  
Fred Leaf, Senior Health Deputy, Fifth District

5 March 2015

Re: Proceedings of the regular meeting held January 13, 2015, by the Board of Supervisors of the County of Los Angeles and the motion for **consolidation of the Departments of Health Services, Public Health and Mental Health into a single integrated agency.**

Dear Supervisors:

The move to consolidate the Departments of Health Services, Public Health and Mental Health into an integrated agency raises many fundamental and structural questions that must be addressed and resolved if Los Angeles County is to preserve the primary purpose of the Public Health Department--to assess health status, ensure the health of the population, develop policies and practices to prevent disease and injuries, and promote conditions for good health. On behalf of Prevention Institute and aligned organizations (listed below), **we respectfully request that the Board of Supervisors: 1) require development and implementation of an inclusive public process for elevating and evaluating challenges to integration that goes beyond the 60 day reporting period; and 2) that consolidation be monitored by an outside entity who will report on the functional, fiscal, health, and community impacts of consolidation to your Board every six months for at least two years.**

Consolidating the Departments into a single integrated agency presents an enormous shift with potentially positive health outcomes for County residents. Yet, we want to assure that in the name of consolidation and integration, the Board does not inadvertently recreate the

pre-2006 situation in which Public Health was overshadowed as a Division within the larger Department of Health Services.

Establishing a structure in which Public Health was separate from Health Care Services has been key to elevating public health priorities within the County. A Public Health Officer independently accountable to the Board of Supervisors is necessary so that position is not compromised by administrative barriers. In any major organizational shift, there is a tremendous opportunity to find efficiencies, establish new leadership and culture and our hope is that this can be accomplished in ways that elevate the Public Health Department's role of promoting health and safety, through policy, organizational change, and community and multi-sector engagement.

Prevention Institute is a national, non-profit organization dedicated to preventing illness and injury *in the first place*. We have LA based staff, and our work focuses on comprehensive and strategic approaches to improve the community conditions that contribute most significantly to health and well-being. Health care and medical services represent only a minor portion of what determines health, while social, economic, and environmental conditions have a far greater bearing on birth and death rates, health and injuries, productivity and quality of life. Our partners, listed at the close of this letter, represent leading public health, environmental, public policy, research, and evaluation organizations working collaboratively to improve Los Angeles. As such, we have great interest in the role and function that LA County's Public Health Department will have within a single agency, particularly if that agency and its leadership are by in large focused on service delivery and integration.

While we fully recognize that LA County's health system is undergoing transformation—just as most health systems are in the era of Affordable Care Act implementation—we seek a re-organization strategy that ensures attention to improving health through evidenced based public health strategies characterized by the following:

- comprehensive;
- community and equity focused;
- acknowledges the role of the environment;
- multidisciplinary and multi-sector participation;
- population-based rather than individually-oriented;
- committed to prevention practice, not just intervention and services;
- seizes inter-relationships between prevention and treatment;
- balances services and programs with public health and community-based efforts;
- develops and strengthens a workforce skilled at community-based public health;
- advances health and equity in county-wide policy decisions; and,
- reduces barriers to interdisciplinary collaboration, including data and reporting.

Throughout the nation, public health and health service departments are moving toward integration. However, such a move in LA County must be rooted in a broad-based vision and

theory of public health practice that links together the diverse agencies and organizations required to coordinate effectively to achieve ethical and equitable public health outcomes. Recognition should be given to the unique aspects of this integration process in LA, notably that we have three culturally distinct departments, with different models of service, background training, and expected outcomes, to name a few. Consolidation could remove barriers to collaboration. At the same time, one caution is that consolidation could result in a services-dominated model that does not adequately or sufficiently address population-level public and mental health, placing two major elements of the public health enterprise--cost reduction and population health improvement--at risk.

In a letter dated, January 23, 2015, Prevention Institute was identified as a 'key Public Health stakeholder' in 'a CEO-led stakeholder engagement process.' While, we appreciate the opportunity to provide input at this stage, we remain cautious and concerned about being on a 'short list' and of our ability to substantively influence a process that has already been set in motion and on such a short timeline. It is our impression that the move to consolidation has occurred without sufficient consultation with the public, community-based non-profit health and social justice organizations, health philanthropies or other public sector entities vested in public health.

At this stage, we are requesting that the Board of Supervisors establish a structure and a process for elevating the public health, population health, and community-prevention perspectives within the to-be-formed consolidated agency. ***We respectfully request that (1) a Community Prevention and Population Health Taskforce comprised of public stakeholders be formed and (2) a reinvigorated and empowered Public Health Commission (or other outside entity) be established to ensure public engagement, transparency, and continued public health prioritization throughout a consolidation effort and beyond, with a requirement for bi-annual reporting to the board.*** Entities like these will be valuable for investing public responsibility and eliciting public engagement to assure public accountability for population health, especially among the most disenfranchised.

Departments of Public Health, Health Care Services and Mental Health face interrelated challenges. Based on our review of similar efforts (nationally and internationally) to integrate public health with health care services, particularly in large political jurisdictions, we would like to fully explore implications for public health practice and its workforce. . A robust integration process requires time to review and adequately reflect upon qualified models of integrative medical health, mental health and population based efforts.

Over the last 10 years, LA County and the Department of Public Health, has drawn down significant federal resources for innovative and evidence-informed public health practices. A consolidated department could further LA's chances of future federal resources for community-prevention, but only if it fully emphasizes population health. Sources such as the American Reinvestment and Recovery Act, Communities Putting Prevention to Work, Community Transformation Grants, Partnerships to Improve Community Health and Racial

and Ethnic Approaches to Community Health have brought multiple millions of dollars to the County for approaches that transcend services and programmatic efforts. A consolidated department that fully funds and elevates public health and community prevention could enhance LA County's future chances for federal resources that emphasize population health, whether forthcoming from Centers for Medicare Medicaid Innovation, the Centers for Disease Control and Prevention, or other sources.

To the extent that the process to consolidate in LA County is already underway, we seek a future where public health has a strong voice; is well-funded; and decisions are guided by a broad-based vision for effective population-based, public health practice. Achieving this vision extends beyond the purview of the public health department and must include public participation, especially from the disciplines and community-based organizations and County residents knowledgeable about the most effective roles for public health as well as those with particular expertise in developing integrative models for vulnerable population.

We thank you for your continued dedication and leadership in LA County. And we thank you, in advance, for your attention to this critical and timely issue. Prevention Institute and our partners stand ready to provide input into this process, including but not limited to the establishment of a Population Health and Community Prevention Task Force, with the goal of achieving a healthier, safer and more equitable Los Angeles County. If there is any way in which we can be helpful, please don't hesitate to contact me, Manal J. Aboelata, MPH, Managing Director, Prevention Institute: [manal@preventioninstitute.org](mailto:manal@preventioninstitute.org) or 323.296.5750.

Appreciatively,



Manal J. Aboelata, MPH  
Managing Director  
Prevention Institute (on behalf of signatories listed below)

CC: Larry Gasco, PhD, Chairman, Mental Health Commission  
Christina R. Ghaly, MD, Director of Health Care Integration, CEO  
Sachi Hamai, Interim Chief Executive Director  
Cynthia A. Harding, MPH, Interim Director, Department of Public Health  
Mitchel H. Katz, MD, Director, Department of Health Services  
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List of Endorsing Organizations / Signatories:

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Executive Director

California Center for Public Health Advocacy



**Kaile Shilling**

Coalition Director

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**Malcolm Carson**

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